

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000112

STATE FILE NUMBER

AMENDED

Filed JAN 24 1962

Primary Registration District No. 3003

Registrar's No. 6

1. PLACE OF DEATH

a. COUNTY

Barry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Monett

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. Vincent's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Barry

c. CITY

Monett

OR TOWN

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Route 2

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First Carl

Middle Fredrick

Last Geske

4. DATE OF DEATH

Month Jan.

Day 6

Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Sept 6-1886

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Monett Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Carl F Geske

13b. MOTHER'S MAIDEN NAME

Wilhelmine Miller

14. NAME OF HUSBAND OR WIFE

Bertha Geske (dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes World War I

16. SOCIAL SECURITY NO.

17. INFORMANT

8 Mrs Russell Geske - Monett Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic changes at left foot

INTERVAL BETWEEN ONSET AND DEATH

3 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized arteriosclerosis

2 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-2-59 to 1-6-62 and last saw her alive on 1-6-62
Death occurred at 5:50 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Frank R. Kern M.D.

(Degree or title)

22b. ADDRESS

Monett Mo

22c. DATE SIGNED

1-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jan. 9-1962

23c. NAME OF CEMETERY OR CREMATORY

Stones Prairie Cem.

23d. LOCATION (City, town, or county)

S.W. of Monett

(State)

Mo

FUNERAL DIRECTOR

Bennett-Wormington, Monett, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

Jan. 10-62

26. REGISTRAR'S SIGNATURE

Mrs O.N. Cook

(Licensed Embalmer's Statement on Reverse Side)

JAN 24 1962

APR 5 1962

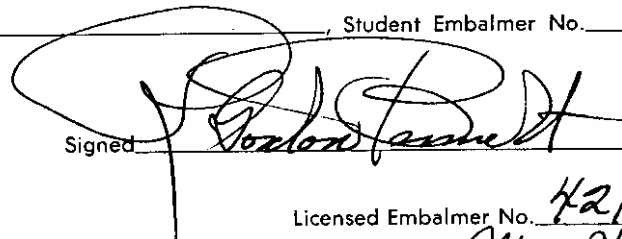
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4213
P. O. Address Morett Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.